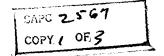
Standard Form No. 1034—Revised
Form prescribed by
Comptroll Governoved For Relea
(Gen. Reg. No. 51, Supp. No. 11) DR000400050015-7 U. S. _____ Cost Reimbursable PAID BY (Department, bureau, or establishment) Voucher prepared at (Give place and date) SAPE 2567 Payee's Account No. __551____ THE UNITED STATES, Dr., COPY | OF 3 (Payee) (For use of Paying Office) (Address) (City) (State) ARTICLES OR SERVICES AMOUNT UNIT PRICE (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Date of Delivery or Service No. and Date of Order QUANTITY Cost Dollars Discount Terms 2,841. Cost C PAYMENT: Complete Partial Final Use continuation sheet(s) if necessary 2,841. Government B/L No. Weight Shipped from (Payee must NOT use this space) I certify that the above bill is correct and just and that payment has not been received. STATINTL (Sign original only) STATINTL Date 11/7/55 *Payee Account verified; correct-for (Signature or initials) Title Per Invoice Rec'd. Date Reg. No. Date Contract No. A101 Pursuant to authority vested in me, I certify that this account is correct and proper for payment. 2,841.72 STATINTL † Approved for \$ _____ ORIGINAL Ву ONLY Title Approving Officer THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (For completion by Administrative Office) Appropriation, limitation, or project symbol Appropriation title OBJECTIVE CLASSIFICATION COST ACCOUNT Obligations liquidated Allotment symbol Symbol on Treasurer of the United States in dated _____, 19____, for \$_____ favor of payee named above. Paid by Payee . *When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company person contains a company or corporation, the name of the person writing the company person contains a company or corporation, the name of the person writing the company person contains a company or corporation, the name of the person writing the company or corporation, the name of the person writing the company or corporation, the name of the person writing the company or corporation, the name of the person writing the company or corporation, the name of the person writing the company or corporation, the name of the person writing the company or corporation, the name of the person writing the company or corporation, the name of the person writing the company or corporation, the name of the person writing the company or corporation, the name of the person writing the company or corporation, the name of the person writing the company or corporation, the name of the person writing the company or corporation, the name of the person writing the company or corporation, the name of a company or corporation or cor ·00360R000400050015-7

Approved For Release 2000/04/11: CIA-RDP64-00360R000400050015-7

Standard Form No. 1085—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)

Services Other Than Personal

CONTINUATION SHEET



No. and Date of Order	Date of ARTICLES OR SERVICES			OHAN	UNIT PRICE		AMOUNT	
	Delivery or Service	(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	chedule,	QUAN- TITY	Cost	Per	Dollars	Cti
		PAYROLL SYSTEM I	<u>v</u>					
		Direct Labor Costs properly charges to Contract AlOl for the period 10-24-55 thru 10-30-55	ble				STATIN	TI
		Week Ending 10-30-55	TATIN	ITL				
ATINTL		Overhead computed at interim rate of	**					
		Total Labor and Overhead					2,841	72
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